

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 17, 2003.

### **I. DISPUTE**

Whether there should be additional reimbursement for CPT code 97799-CP-AP for dates of service 7/1/02 through 8/20/02.

### **II. FINDINGS**

Review of the disputed dates of service reveals all dates of service are outside the 365-day filing deadline. Per §133.307(d)(1) the request for medical dispute resolution was not timely filed and outside the jurisdiction of Medical Dispute Resolution. The requestor also listed CPT code 90844 for dates of service 9/16/02 through 3/27/03 on the table of disputed services; however, per the table submitted these dates of service have been paid.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the disputed dates of service cannot be reviewed and the requestor is not entitled to reimbursement for CPT code 97799-CP-AP.

The above Findings and Decision are hereby issued this 22nd day of January 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf